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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Actual Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for Investigation.

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	30/09/2024 17:05 (SGT)
Reported by	Actual Driver
Date of Accident	27/09/2024 07:14 (SGT)
Exact Location of Accident	Singapore 508298
Additional Location Information	
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4965J	Was any toreign vehicle involved in the accident? Number of vehicles involved in the accident
INSURED/POLICYHOLDER	No	Was anybody agured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property domaged r
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	HOCK TRA 2XXXXX54 WOONJET	Number of Passangers (Including Dayor) Las the driver hard STT. STR NOITATROPENART'S PAIDA Colculing of the name sessal street of the name sessal street name Translator's ID. Translator's phone number Translator's email
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VEHICLE PARTICULARS

Manufacturer

Manuacturer	MILSUDISTII
Model	FV51JJD4RDEA
Variant	oll_
Exact purpose for which vehicle was being used at time of	ON
accident	
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12882
Vehicle Fuel	-
First Regisration Date	_
Chassis no	-
Effective Date/Time of Ownership	agV ™tea

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMCHHQ24-000071

Name of Driver GXXXX787W Passport No/FIN 04/11/1982 Date Of Birth Outdoor Occupation 19/10/2022 **Driving Pass Date** 4 **Driving License Pass Class** Valid **Driving License Validity** 1 YEAR AND 11 MONTHS Driving experience Male Gender (Phone) +65-84276689 Mobile Number Alt. Phone Number WOONJET09@GMAIL.COM **Email Address** 450, JURONG WEST STREET 42, #11-50 Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collided into Parked Vehicle Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **DETAILS OF POLICE ACTION** No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? No - Claiming third party Vehicle Category CIRCUMSTANCES OF ACCIDENT Commercial vehicle REFER TO SKETCH PLAN. ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? Yes DETAILS OF OTHER VEHICLE PROPERTY 1 **XD611G** Vehicle Registration Number

WOON SU KONG

Vehicle Manufacturer

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phicle Variant	· manager
Vehicle Colour	
Vehicle Category	
Name of Driver	Commercial vehicle
Contact Number	PERIYAKARUPPAN MURUGANANTHA
Address	000000000 ·
Address complement	
Postcode	with a second of the second of
Insurance Company Name	advace ann
Nature Of Damage	
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be torwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any refevent government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

- (a) investigating the accident and/or my claims:
- (a) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID Hard)

Sketch Plan

Pulau Ubin Jetry Sea

vJun2022

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Declaration

t/We declare the foregoing particulars are true in every respect.

Policyhodeck Syrfiture / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

SNG AN TEE MOTOR & PANEL PLAN PTE LTD
Witnesped by Reporting Centre Plantancel
(Name also NRICAD clad)